



Lisa Madigan

Illinois Attorney General
Military & Veteran's Rights Bureau

Military & Veterans' Hotline
1-800-382-3000
TTY: 1-877-844-5461

www.IllinoisAttorneyGeneral.gov
<http://www.illinoisattorneygeneral.gov/rights/veterans.htm>

Office Use Only

Date Received: _____

CLMS No.: _____

REQUEST FOR ASSISTANCE

(Type or Print Clearly)

Contact Information for Person Requesting Assistance

Name: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Home Telephone Number: _____ Work Telephone Number: _____

County: _____ Is this Request Time Sensitive? _____

Contact Information for Entity against which an Accusation is being made (if applicable)

Entity Name: _____

Address: _____

Position/Title: _____ Department/Division: _____

Telephone Number _____ Email address: _____

County: _____ Type Issue: ☐ Employment ☐ Veterans Benefits
☐ Dependent Benefits

Other: _____

☐ Gold Star Family Member

☐ Silver Star Family Member

What is your desired outcome?

Dates of Service _____ MOS/'s: _____

Total Months Deployed in Combat Zone (if applicable): _____

Describe your request for assistance:

Have you filed a complaint with the office previously? Yes ____ No ____

Is this complaint now pending with another agency? Yes ____ No ____

If yes, please give the name(s) and address(es) of the other agency or agencies:

What are the best times that we can reach you by telephone, during the week, between 9 a.m. and 5 p.m.? Do you prefer to be called at your home or work number?

I prefer to be reached at my: ☐ work telephone number; ☐ home telephone number

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

| | | | | | |
|------------------------------|--------------------------|---|----|--------------------------|------------------------|
| I currently serve in the: | <input type="checkbox"/> | Air Force | on | <input type="checkbox"/> | Active Duty |
| | <input type="checkbox"/> | Army | | <input type="checkbox"/> | National Guard Duty |
| | <input type="checkbox"/> | Coast Guard | | <input type="checkbox"/> | Federal Reserve Duty |
| | <input type="checkbox"/> | Marine Corps | | <input type="checkbox"/> | State Active Duty (NG) |
| | <input type="checkbox"/> | Navy | | <input type="checkbox"/> | Auxiliary Duty |
| | <input type="checkbox"/> | National Oceanic and Atmospheric Administration Commission Officers Corps | | <input type="checkbox"/> | Other: ----- |
| | <input type="checkbox"/> | Public Health Service Commissioned Corps | | | |

| | | | | | |
|--------------------------|--------------------------|---|----|--------------------------|------------------------|
| I have served in the: | <input type="checkbox"/> | Air Force | on | <input type="checkbox"/> | Active Duty |
| | <input type="checkbox"/> | Army | | <input type="checkbox"/> | National Guard Duty |
| | <input type="checkbox"/> | Coast Guard | | <input type="checkbox"/> | Federal Reserve Duty |
| | <input type="checkbox"/> | Marine Corps | | <input type="checkbox"/> | State Active Duty (NG) |
| | <input type="checkbox"/> | Navy | | <input type="checkbox"/> | Auxiliary Duty |
| | <input type="checkbox"/> | National Oceanic and Atmospheric Administration Commission Officers Corps | | <input type="checkbox"/> | Other: ----- |
| | <input type="checkbox"/> | Public Health Service Commissioned Corps | | | |

Type of Discharge: ☐ Honorable
☐ General
☐ Other than Honorable
☐ Conditions
☐ Bad Conduct
☐ Dishonorable
☐ Entry Level Separation
☐ Other:

READ THE FOLLOWING BEFORE SIGNING:

 I understand that the Attorney General is not my private attorney. I also understand that if I have
(initial) any questions concerning my legal rights or responsibilities, I should contact a private attorney. I
have no objection to the contents of this request being forwarded to the entity against which an
accusation is being made unless the box below is checked.

 By filing this request, I hereby give the business complained about my consent to communicate,
(initial) including disclosure of non-public personal information, with the Office of the Attorney General
about any and all matters concerned with this request.

Signature: _____ Date: _____

☐ Please do not send this request to the business complained about.

Return this completed form to the applicable addressee/location below:

Return this completed form to the applicable addressee/location below:

☐ AAG Thomas W. W. Banning
Bureau Chief-Springfield
Military & Veterans' Rights Bureau
Office of the Illinois Attorney General
500 S. Second St.
Springfield IL 62701-1705



Mail to the Springfield Office (Mr. Banning) all requests for assistance where the requestor lives outside the counties making up the greater **Chicago Metropolitan Area** as defined below.

☐ AAG Grant T. Swinger
Bureau Chief-Chicago
Military & Veterans' Rights Bureau
Office of the Illinois Attorney General
100 W. Randolph St., 12th Fl.
Chicago IL 60601-3220



Mail to the Chicago Office (Mr. Swinger) all requests for assistance where the requestor resides within the greater **Chicago Metropolitan Area** defined here as residence in the following counties: **Cook, DuPage, Kane, Lake, McHenry, and Will** counties.